



**APPLICATION FOR RENEWAL OF TIME SHARE
PROJECT REGISTRATION
DATE OF SUBMISSION _____**

Instructions

1. Complete, sign (before Notary Public), and return this form and \$750 fee (certified check or money order) to the Real Estate Commission so that they are received by June 30. Applications not received in proper form by June 30 will be assessed a \$50 late fee.
2. **IT IS UNLAWFUL TO SELL TIME SHARES WHEN THE CERTIFICATE OF REGISTRATION HAS EXPIRED.**

* * * * *

The UNDERSIGNED DEVELOPER makes application to the North Carolina Real Estate Commission for the renewal of the Certificate of Registration heretofore issued to the time share project:

PROJECT NAME: _____ CERT. # _____
PROJECT ADDRESS: _____ TEL. NO. _____
DEVELOPER NAME: _____

(As it appears on Time Share Registration Certificate)

Exchange

Purchasers have the opportunity to subscribe to the following exchange program(s). **Attach a current copy of the Exchange Disclosure Report for each program.**

1. _____
(Name of Exchange Program)
2. _____
(Name of Exchange Program)

Records

In order to renew the timeshare project registration, you must complete the applicable portions of this Section (Marking "No Changes" or leaving this section blank will result in return of form):

1. _____
MANAGING ENTITY Name Telephone No. _____

Address Direct Address- Not P.O. Box or Address c/o Project Date of Duty Assumed (mo/day/yr) _____
2. _____
MARKETING ENTITY Name Telephone No. _____

Address Direct Address- Not P.O. Box or Address c/o Project Date of Duty Assumed (mo/day/yr) _____
3. _____
REGISTRAR Name (See GS 93A-58 (a)) Telephone No. _____

Address Direct Address- Not P.O. Box or Address c/o Project Date of Duty Assumed (mo/day/yr) _____
- *4. _____
INDEPENDENT ESCROW AGENT Name (See GS 93A-42 (a)) Telephone No. _____

Address Direct Address- Not P.O. Box or Address c/o Project Date of Duty Assumed (mo/day/yr) _____
- *5. _____
PROJECT BROKER Name (Must be Individual, not Company) (See GS 93A-58(c)) Telephone No. _____

Address Direct Address- Not P.O. Box or Address c/o Project Date of Duty Assumed (mo/day/yr) _____

* Notifications of changes in *registrar*, *independent escrow agent* and *project broker* must be accompanied by affidavits from the individuals attesting to their acceptance of these positions. (Affidavit forms are available at www.ncrec.state.nc.us or upon request to the Commission's Time Share Clerk.)

BROKERS ASSOCIATED WITH PROJECT

NOTE: This notification does not relieve the individuals listed below from personally reporting changes in their employment status to the Commission.

1.	_____	_____
	Name	License No.
2.	_____	_____
	Name	License No.
3.	_____	_____
	Name	License No.
4.	_____	_____
	Name	License No.
5.	_____	_____
	Name	License No.
6.	_____	_____
	Name	License No.
7.	_____	_____
	Name	License No.

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

If you have not notified the Commission of changes made in any registration documents, do so now following the procedures set forth in the Commission's "Amendment Rule" (B. 0104).

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____, being duly sworn deposes and says:
That the statements and information contained herein and herewith submitted are true and that the information contained in the registration and any amendment properly filed with the North Carolina Real Estate Commission are accurate and current on the date of this renewal application.

FURTHER AFFIANT SAYS NOT.

If the Developer is a **Sole Proprietor** or **Partnership**, this application must be signed by the Sole Proprietor or General Partner or the Developer's Attorney.

If the Developer is a **Corporation** or **LLC**, this application must be signed by two Executive Officers of the Corporation, two Managers of the LLC or the Developer's Attorney.

_____ Typed or Printed Name	_____ Title	_____ Typed or Printed Name	_____ Title
_____ Signature		_____ Signature	
Subscribed and Sworn to before me this ____ day of _____, 200____.		Subscribed and Sworn to before me this ____ day of _____, 200____.	
_____ Notary Signature		_____ Notary Signature	
_____ Typed or Printed Name of Notary Public		_____ Typed or Printed Name of Notary Public	
Notary Public in the State of _____, County of _____.		Notary Public in the State of _____, County of _____.	
My Commission expires _____.		My Commission expires _____.	
(SEAL)		(SEAL)	